

STATE Michigan
COUNTY Washtenaw

TOWNSHIP OR OTHER DIVISION OF COUNTY

NAME OF INSTITUTION

DEPARTMENT OF COMMERCE AND LABOR-BUREAU OF THE CENSUS
THIRTEENTH CENSUS OF THE UNITED STATES: 1910-POPULATION

17th SUPERVISOR'S DISTRICT NO. 1212 SHEET NO. 1
ENUMERATION DISTRICT NO. 148 1 A

NAME OF INCORPORATED PLACE

Ypsilanti City

ENUMERATED BY ME ON THE 15th DAY OF April 1910.

WARD OF CITY 2
Joseph D. Lawrence ENUMERATOR

(Insert proper name and, also, name of class, as township, town, precinct, district, hamlet, beat, etc. See instructions.)

(Insert name of institution, bank, and indicate the time on which the entries are made. See instructions.)

LINE NUMBER	ADDRESS, STREET, ETC.	NUMBER OF HOUSEHOLD	NUMBER OF FAMILIES	NUMBER OF HEADS OF FAMILIES	NAME	RELATION	PERSONAL DESCRIPTION	NATIVITY			CITIZENSHIP	YEAR OF IMMIGRATION	PLACE OF BIRTH OF EACH PERSON AND PARENTS OF EACH PERSON COMMENCED. IF BORN IN THE UNITED STATES, GIVE THE STATE OR TERRITORY. IF OF FOREIGN BIRTH, GIVE THE COUNTRY.			PLACE OF BIRTH OF EACH PERSON AND PARENTS OF EACH PERSON COMMENCED. IF BORN IN THE UNITED STATES, GIVE THE STATE OR TERRITORY. IF OF FOREIGN BIRTH, GIVE THE COUNTRY.	PLACE OF BIRTH OF EACH PERSON AND PARENTS OF EACH PERSON COMMENCED. IF BORN IN THE UNITED STATES, GIVE THE STATE OR TERRITORY. IF OF FOREIGN BIRTH, GIVE THE COUNTRY.	CITIZENSHIP	YEAR OF IMMIGRATION	TRADE OR PROFESSION OF, OR PARTICULAR KIND OF WORK TO WHICH THE PERSON IS SUBMITTED, AS COTTON MILL, DRY GOODS STORE, FARM, ETC.	GENERAL NATURE OF INDUSTRY, BUSINESS, OR ESTABLISHMENT TO WHICH THE PERSON IS SUBMITTED, AS COTTON MILL, DRY GOODS STORE, FARM, ETC.	WHETHER EMPLOYED OR WORKING ON OWN ACCOUNT	NUMBER OF WEEKS WORKED IN MONTH OF APRIL, 1910	NUMBER OF WEEKS NOT WORKED IN MONTH OF APRIL, 1910	NUMBER OF WEEKS WORKED IN MONTH OF APRIL, 1909	NUMBER OF WEEKS NOT WORKED IN MONTH OF APRIL, 1909	EDUCATION	ADDRESS OF HOME	NUMBER OF ROOMS	NUMBER OF BEDS	NUMBER OF BATHS	NUMBER OF KITCHENS	NUMBER OF PANTRIES	NUMBER OF SINKS	NUMBER OF TOILETS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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